

# Premiums

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# Comparison of Health Plan

Plan	SHP Savings Plan		SHP Standard Plan <sup>3</sup>	
Availability	Coverage worldwide		Coverage worldwide	
Active Employee Monthly Premiums <i>Employee Only</i> <i>Employee/Spouse</i> <i>Employee/Children</i> <i>Full Family</i>	\$ 9.28		\$ 93.46	
	\$ 72.56		\$237.50	
	\$ 20.28		\$142.46	
	\$108.56		\$294.58	
	Please note that premiums for optional employer groups,			
Annual Deductible <i>Single</i> <i>Family</i>	(no per-occurrence deductibles) \$3,000 \$6,000 <sup>4</sup>		\$350 \$700	
Coinsurance	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%
Coinsurance Maximum <i>Single</i> <i>Family</i>	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)
Physicians Office Visits	Chiropractic payments limited to \$500 a year, per person		\$10 per-occurrence deductible, then:	
	No per-occurrence deductible or copayments			
	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%
Hospitalization/ Emergency Care	No per-occurrence deductibles or copayments		Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per-occurrence deductible	
Prescription Drugs	Participating pharmacies and mail order only: You pay the State Health Plan's allowable cost until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowable cost; you pay 20%. When coinsurance maximum is reached, the Plan will reimburse 100% of the allowable cost.		Participating pharmacies only (up to 31-day supply): \$10 generic, \$25 preferred brand, \$40 non-preferred brand Mail order (up to 90-day supply): \$25 generic, \$62 preferred brand, \$100 non-preferred brand Out-of-pocket max: \$2,500	

<sup>1</sup>This table is for comparison purposes only.

<sup>2</sup>There will be no copayment for services performed at MUSC outpatient facilities.

<sup>3</sup>Refer to the Retiree chapter in this guide for information on how this plan coordinates with Medicare.

<sup>4</sup>If more than one family member is covered, no family member will receive benefits, other than preventative, until the \$6,000 annual family deductible is met.

# Benefits Offered for 2006<sup>1</sup>

BlueChoice HealthPlan of South Carolina <sup>3</sup>	CIGNA HMO <sup>3</sup>	MUSC Options <sup>3</sup>	Medicare Supplemental Plan <sup>3</sup>
Available in all South Carolina counties  Coverage worldwide	Available in all South Carolina counties, <b>except:</b> <i>Abbeville, Aiken, Barnwell, Edgefield, Greenwood, McCormick and Saluda counties</i>	Available in these South Carolina counties: <i>Berkeley, Charleston, Colleton and Dorchester counties</i>	Same as Medicare  Available to retirees and covered dependents/survivors who are eligible for Medicare
<b>\$125.30</b> <b>\$365.72</b> <b>\$268.46</b> <b>\$540.18</b>	<b>\$127.00</b> <b>\$365.18</b> <b>\$267.12</b> <b>\$536.98</b>	<b>\$119.24</b> <b>\$335.38</b> <b>\$223.56</b> <b>\$431.82</b>	Refer to the premium tables on pages 172 and 173 for rates

such as local subdivisions, may vary. To verify your rates, contact your benefits office.

<b>\$250</b> <b>\$500</b>	NONE	In-network NONE	Out-of-network <b>\$300</b> <b>\$900</b>	Pays Medicare Part A and Part B deductibles
HMO pays 90% after copays You pay 10%	HMO pays 80% after copays You pay 20%	HMO pays 100% after copays	HMO pays 60% of allowance You pay 40%	Pays Part B coinsurance of 20%
<b>\$1,500</b> <b>\$3,000</b> (excludes deductible)	<b>\$3,000</b> <b>\$6,000</b> (includes inpatient, outpatient, copays and coinsurance)	N/A	<b>\$3,000</b> <b>\$9,000</b> (excludes deductible)	None
<b>\$15</b> PCP copayment <b>\$15</b> OB/GYN well woman exam <b>\$30</b> specialist copay	<b>\$20</b> PCP copayment <b>\$40</b> OB/GYN exam <b>\$40</b> specialist copay	<b>\$15</b> PCP copay; <b>\$15</b> OB/GYN well woman exam, 2 self-referred visits yearly; <b>\$25</b> specialist copay with referral; <b>\$45</b> specialist copay without referral	HMO pays 60% of allowance after annual deductible You pay 40%. No preventive care benefits out-of-network	Pays Part B coinsurance of 20%
Inpatient: <b>\$200</b> copay Outpatient: <b>\$75</b> copay/first 3 visits Emergency care: <b>\$100</b> copay HMO pays 90% after copays You pay 10% <b>\$35</b> urgent care copay, then HMO pays 100%	Inpatient: <b>\$500</b> copay Outpatient facility: <b>\$250</b> copay Emergency care: <b>\$100</b> copay	Inpatient: <b>\$300</b> copay Outpatient facility: <b>\$100<sup>2</sup></b> copay Emergency Care: <b>\$100</b> copay; <b>\$35</b> urgent care copay	HMO pays 60% of allowance after annual deductible You pay 40% Emergency care: <b>\$100</b> copay	<b>For inpatient hospital stays,</b> the Plan pays: Medicare deductible; coinsurance for days 61-90; coinsurance for days 91-150; 100% beyond 150 days (Medi-Call approval required)  <b>For skilled nursing care,</b> the Plan pays coinsurance for days 21-100; 100% beyond 100 days, up to \$6,000 or 60 days, whichever is less.
Participating pharmacies only (31-day supply): <b>\$8</b> generic, <b>\$30</b> preferred brand, <b>\$50</b> non-preferred brand, <b>\$75</b> specialty pharmaceuticals Mail order (Up to 90-day supply): <b>\$16</b> generic, <b>\$60</b> preferred brand, <b>\$100</b> non-preferred brand	Participating pharmacies only (up to 30-day supply): <b>\$7</b> generic, <b>\$25</b> preferred brand, <b>\$50</b> non-preferred brand Mail order (up to 90-day supply): <b>\$14</b> generic, <b>\$50</b> preferred brand, <b>\$100</b> non-preferred brand	Participating pharmacies only (up to 30-day supply): <b>\$10</b> generic, <b>\$25</b> preferred brand, <b>\$40</b> non-preferred brand Mail order (up to 90-day supply): <b>\$15</b> generic, <b>\$50</b> preferred brand, <b>\$80</b> non-preferred brand	Participating pharmacies only (up to 31-day supply): <b>\$10</b> generic, <b>\$25</b> preferred brand, <b>\$40</b> non-preferred brand Mail order (up to 90-day supply): <b>\$25</b> generic, <b>\$62</b> preferred brand, <b>\$100</b> non-preferred brand; Out-of-pocket max: <b>\$2,500</b>	

## 2006 ACTIVE EMPLOYEE AND FUNDED RETIREE HEALTH, DENTAL AND DENTAL PLUS RATES

2006 Active Employee Monthly Premiums <sup>1</sup>								
<i>State Health Plan</i>								
	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Employee	\$ 9.28	\$ 93.46	\$125.30	\$127.00	\$119.24	\$0.00	\$ 0.00	\$18.52
Employee/spouse	\$ 72.56	\$237.50	\$365.72	\$365.18	\$335.38	\$0.00	\$ 7.64	\$35.06
Employee/children	\$ 20.28	\$142.46	\$268.46	\$267.12	\$223.56	\$0.00	\$13.72	\$38.26
Full family	\$108.56	\$294.58	\$540.18	\$536.98	\$431.82	\$0.00	\$21.34	\$54.80

<sup>1</sup>Rates for employees of local subdivisions may vary. To verify your rates, contact your benefits office.

2006 Regular Retiree (State-funded Benefits) Monthly Premiums <sup>1</sup>									
(Retiree eligible for Medicare/spouse eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	N/A	\$ 75.46	\$ 93.46	\$125.30	\$127.00	\$119.24	N/A	\$ 0.00	\$18.52
Retiree/spouse	N/A	\$201.50	\$237.50	\$365.72	\$365.18	\$335.38	N/A	\$ 7.64	\$35.06
Retiree/children	N/A	\$124.46	\$142.46	\$268.46	\$267.12	\$223.56	N/A	\$13.72	\$38.26
Full family	N/A	\$258.58	\$294.58	\$540.18	\$536.98	\$431.82	N/A	\$21.34	\$54.80
(Retiree eligible for Medicare/spouse <b>not</b> eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	N/A	\$219.50	\$237.50	\$365.72	\$365.18	\$335.38	N/A	\$ 7.64	\$35.06
Full family	N/A	\$268.50	\$286.50	\$540.18	\$536.98	\$431.82	N/A	\$21.34	\$54.80
(Retiree <b>not</b> eligible for Medicare/spouse eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	\$ 72.56	\$219.50	\$237.50	\$365.72	\$365.18	\$335.38	N/A	\$ 7.64	\$35.06
Full family	\$108.56	\$268.50	\$286.50	\$540.18	\$536.98	\$431.82	N/A	\$21.34	\$54.80
(Retiree <b>not</b> eligible for Medicare/spouse <b>not</b> eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	\$ 9.28	\$ 93.46	N/A	\$125.30	\$127.00	\$119.24	\$0.00	\$ 0.00	\$18.52
Retiree/spouse	\$ 72.56	\$237.50	N/A	\$365.72	\$365.18	\$335.38	\$0.00	\$ 7.64	\$35.06
Retiree/children	\$ 20.28	\$142.46	N/A	\$268.46	\$267.12	\$223.56	\$0.00	\$13.72	\$38.26
Full family	\$108.56	\$294.58	N/A	\$540.18	\$536.98	\$431.82	\$0.00	\$21.34	\$54.80
(Retiree <b>not</b> eligible for Medicare/spouse <b>not</b> eligible for Medicare/one or more children eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/children	\$ 20.28	\$142.46	\$160.46	\$268.46	\$267.12	\$223.56	N/A	\$13.72	\$38.26
Full family	\$108.56	\$294.58	\$312.58	\$540.18	\$536.98	\$431.82	N/A	\$21.34	\$54.80

<sup>1</sup>Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

<sup>2</sup>If the Medicare Supplemental Plan is elected, claims for covered persons not eligible for Medicare will be based on the Standard Plan provisions.

## 2006 NON-FUNDED RETIREE AND COBRA HEALTH, DENTAL AND DENTAL PLUS RATES

2006 Retiree Full Cost (Non-funded) Monthly Premiums <sup>1</sup> (Retiree eligible for Medicare/spouse eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	N/A	\$307.30	\$325.30	\$ 357.14	\$ 358.82	\$351.06	N/A	\$11.71	\$18.52
Retiree/spouse	N/A	\$654.52	\$690.52	\$ 818.74	\$ 818.20	\$788.40	N/A	\$19.35	\$35.06
Retiree/children	N/A	\$451.64	\$469.64	\$ 595.62	\$ 594.30	\$550.72	N/A	\$25.43	\$38.26
Full family	N/A	\$787.58	\$823.58	\$1,069.18	\$1,065.98	\$960.82	N/A	\$33.05	\$54.80
(Retiree eligible for Medicare/spouse <b>not</b> eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	N/A	\$672.52	\$690.52	\$ 818.74	\$ 818.20	\$788.40	N/A	\$19.35	\$35.06
Full family	N/A	\$797.50	\$815.50	\$1,065.98	\$1,065.98	\$960.82	N/A	\$33.05	\$54.80
(Retiree <b>not</b> entitled to Medicare/spouse entitled to Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/spouse	\$525.58	\$672.52	\$690.52	\$ 818.74	\$ 818.20	\$788.40	N/A	\$19.35	\$35.06
Full family	\$637.56	\$797.50	\$815.50	\$1,069.18	\$1,069.18	\$960.82	N/A	\$33.05	\$54.80
(Retiree <b>not</b> eligible for Medicare/spouse <b>not</b> eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree	\$241.12	\$325.30	N/A	\$ 357.14	\$ 358.82	\$351.06	\$ 63.50	\$11.71	\$18.52
Retiree/spouse	\$525.58	\$690.52	N/A	\$ 818.74	\$ 818.20	\$788.40	\$122.50	\$19.35	\$35.06
Retiree/children	\$347.46	\$469.64	N/A	\$ 595.62	\$ 594.30	\$550.72	\$122.50	\$25.43	\$38.26
Full family	\$637.56	\$823.58	N/A	\$1,069.18	\$1,065.98	\$960.82	\$163.50	\$33.05	\$54.80
(Retiree <b>not</b> eligible for Medicare/spouse <b>not</b> eligible for Medicare/one or more children eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>2</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Retiree/children	\$347.46	\$469.64	\$487.64	\$ 595.62	\$ 594.30	\$550.72	N/A	\$25.43	\$38.26
Full family	\$637.56	\$823.58	\$841.58	\$1,069.18	\$1,065.98	\$960.82	N/A	\$33.05	\$54.80

<sup>1</sup>Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

<sup>2</sup>If the Medicare Supplemental Plan is elected, claims for covered persons not entitled to Medicare will be based on the Standard Plan provisions.

2006 COBRA Monthly Premiums								
18 and 36 months								
	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Subscriber only	\$245.94	\$331.82	\$ 364.28	\$ 366.02	\$358.10	N/A	\$11.94	\$18.89
Subscriber/spouse	\$536.10	\$704.34	\$ 835.12	\$ 834.56	\$804.18	N/A	\$19.74	\$35.76
Subscriber/children	\$354.42	\$479.04	\$ 607.56	\$ 606.20	\$561.76	N/A	\$25.94	\$39.02
Family	\$650.32	\$840.06	\$1,090.56	\$1,087.30	\$980.04	N/A	\$33.71	\$55.90
Children (to age 18)	\$108.48	\$147.24	\$ 243.28	\$ 240.18	\$203.66	N/A	\$13.99	\$20.14
29 Months (These rates go into effect in the 19th month of coverage for 29-month COBRA subscribers)								
	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Subscriber only	\$361.68	\$ 487.96	\$ 535.72	\$ 538.26	\$ 526.62	N/A	\$11.94	\$18.89
Subscriber/spouse	\$788.38	\$1,035.78	\$1,228.12	\$1,227.30	\$1,182.60	N/A	\$19.74	\$35.76
Subscriber/children	\$521.20	\$ 704.46	\$ 893.46	\$ 891.46	\$ 826.12	N/A	\$25.94	\$39.02
Family	\$956.34	\$1,235.38	\$1,603.78	\$1,598.98	\$1,441.24	N/A	\$33.71	\$55.90
Children (to age 18)	\$159.52	\$ 216.50	\$ 357.74	\$ 353.20	\$ 299.50	N/A	\$13.99	\$20.14

## 2006 SURVIVOR HEALTH, DENTAL AND DENTAL PLUS RATES

<b>2006 Survivor Monthly Premiums<sup>1</sup></b> (Spouse eligible for Medicare/children eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>3</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Spouse	N/A	\$307.30	\$325.30	\$357.14	\$358.82	\$351.06	N/A	\$11.71	\$18.52
Spouse/children	N/A	\$451.64	\$487.64	\$595.62	\$594.30	\$550.72	N/A	\$25.43	\$38.26
Children only	N/A	\$144.34	\$162.34	\$238.48	\$235.48	\$199.66	N/A	\$13.72	\$19.74
(Spouse eligible for Medicare/children <b>not</b> eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>3</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Spouse	N/A	\$307.30	\$325.30	\$357.14	\$358.82	\$351.06	N/A	\$11.71	\$18.52
Spouse/children	N/A	\$451.64	\$469.64	\$595.62	\$594.30	\$550.72	N/A	\$25.43	\$38.26
Children only	\$106.34	\$144.34	N/A	\$238.48	\$235.48	\$199.66	N/A	\$13.72	\$19.74
(Spouse <b>not</b> eligible for Medicare/children eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>3</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Spouse	\$241.12	\$325.30	N/A	\$357.14	\$358.82	\$351.06	N/A	\$11.71	\$18.52
Spouse/children	\$347.46	\$469.64	\$487.64	\$595.62	\$594.30	\$550.72	N/A	\$25.43	\$38.26
Children only	N/A	\$144.34	\$162.34 <sup>4</sup>	\$238.48	\$235.48	\$199.66	N/A	\$13.72	\$19.74
(Spouse <b>not</b> eligible for Medicare/children <b>not</b> eligible for Medicare)									
	SAVINGS	STANDARD	SUPPLEMENTAL <sup>3</sup>	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	TRICARE	DENTAL	DENTAL PLUS
Spouse	\$241.12	\$325.30	N/A	\$357.14	\$358.82	\$351.06	\$ 63.50	\$11.71	\$18.52
Spouse/children	\$347.46	\$469.64	N/A	\$595.62	\$594.30	\$550.72	\$122.50	\$25.43	\$38.26
Children only	\$106.34	\$144.34	N/A	\$238.48	\$235.48	\$199.66	\$ 63.50	\$13.72	\$19.74

<sup>1</sup>Rates for local subdivisions may vary. To verify your rates, contact your benefits office.  
<sup>2</sup>Plan premiums for spouses and dependents will be waived for one year after the death of the funded employee or retiree for those covered as dependents under the Plan at the time of death.  
<sup>3</sup>If the Medicare Supplemental Plan is elected, claims for covered subscribers not eligible for Medicare will be based on the Standard Plan provisions.  
<sup>4</sup>This premium applies only if one or more children are eligible for Medicare.



# 2006 Monthly Insurance Rates for Part-time Teachers

## HEALTH

### Category I. 15-19 Hours

COVERAGE LEVEL	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	EMPLOYER	EMPLOYEE TRICARE SUPPLEMENT	EMPLOYER TRICARE SUPPLEMENT
Employee only	\$125.20	\$209.38	\$241.22	\$242.92	\$235.16	\$115.92	\$0.00	\$ 63.50
Employee/spouse	\$299.08	\$464.02	\$592.24	\$591.70	\$561.90	\$226.52	\$0.00	\$122.50
Employee/children	\$183.88	\$306.06	\$432.06	\$430.72	\$387.16	\$163.60	\$0.00	\$122.50
Full family	\$373.06	\$559.08	\$804.68	\$801.48	\$696.32	\$264.50	\$0.00	\$163.50

### Category II. 20-24 Hours

COVERAGE LEVEL	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	EMPLOYER	EMPLOYEE TRICARE SUPPLEMENT	EMPLOYER TRICARE SUPPLEMENT
Employee only	\$ 85.80	\$169.98	\$201.82	\$203.52	\$195.76	\$155.34	\$0.00	\$ 63.50
Employee/spouse	\$222.06	\$387.00	\$515.22	\$514.68	\$484.88	\$303.52	\$0.00	\$122.50
Employee/children	\$128.26	\$250.44	\$376.44	\$375.10	\$331.54	\$219.22	\$0.00	\$122.50
Full family	\$283.14	\$469.16	\$714.76	\$711.56	\$606.40	\$354.44	\$0.00	\$163.50

### Category III. 25-29 Hours

COVERAGE LEVEL	SAVINGS	STANDARD	BlueChoice HealthPlan	CIGNA	MUSC OPTIONS	EMPLOYER	EMPLOYEE TRICARE SUPPLEMENT	EMPLOYER TRICARE SUPPLEMENT
Employee only	\$ 48.70	\$132.88	\$164.72	\$166.42	\$158.66	\$192.44	\$0.00	\$ 63.50
Employee/spouse	\$149.58	\$314.52	\$442.74	\$442.20	\$412.40	\$376.02	\$0.00	\$122.50
Employee/children	\$ 75.90	\$198.08	\$324.08	\$322.74	\$279.18	\$271.56	\$0.00	\$122.50
Full family	\$198.50	\$384.52	\$630.12	\$626.92	\$521.76	\$439.08	\$0.00	\$163.50

## DENTAL

COVERAGE LEVEL	Category I. 15-19 Hours			Category II. 20-24 Hours			Category III. 25-29 Hours		
	EMPLOYEE	EMPLOYER	DENTAL PLUS	EMPLOYEE	EMPLOYER	DENTAL PLUS	EMPLOYEE	EMPLOYER	DENTAL PLUS
Employee	\$ 5.86	\$5.85	\$18.52	\$ 3.86	\$7.85	\$18.52	\$ 2.00	\$9.71	\$18.52
Employee/spouse	\$13.50	\$5.85	\$35.06	\$ 11.50	\$7.85	\$35.06	\$ 9.64	\$9.71	\$35.06
Employee/children	\$19.58	\$5.85	\$38.26	\$17.58	\$7.85	\$38.26	\$15.72	\$9.71	\$38.26
Full family	\$27.20	\$5.85	\$54.80	\$25.20	\$7.85	\$54.80	\$23.34	\$9.71	\$54.80

# Long Term Care Monthly Premiums\*

## OPTION 1 (DISABILITY)

2006 LONG TERM CARE RATES*							
OPTION 1 (Disability)							
Return of Contribution Excluded				Return of Contributions Included			
AGE	Per \$10	AGE	Per \$10		Per \$10	AGE	Per \$10
20	0.20	60	6.64	20	0.22	60	7.20
21	0.24	61	7.18	21	0.24	61	7.72
22	0.26	62	7.76	22	0.26	62	8.28
23	0.28	63	8.38	23	0.28	63	8.90
24	0.30	64	9.08	24	0.32	64	9.56
25	0.34	65	9.84	25	0.36	65	10.26
26	0.38	66	10.66	26	0.40	66	11.16
27	0.40	67	11.54	27	0.42	67	12.16
28	0.44	68	12.52	28	0.46	68	13.28
29	0.48	69	13.56	29	0.52	69	14.48
30	0.54	70	14.72	30	0.56	70	15.84
31	0.58	71	15.98	31	0.62	71	17.34
32	0.62	72	17.32	32	0.68	72	19.00
33	0.70	73	18.80	33	0.74	73	20.82
34	0.76	74	20.38	34	0.82	74	22.88
35	0.82	75	22.16	35	0.90	75	25.14
36	0.90	76	24.08	36	0.98	76	27.68
37	0.98	77	26.12	37	1.08	77	30.46
38	1.08	78	28.30	38	1.18	78	33.50
39	1.18	79	30.44	39	1.30	79	36.60
40	1.30	80	32.52	40	1.42	80	39.76
41	1.40	81	34.44	41	1.56	81	42.84
42	1.54	82	36.14	42	1.72	82	45.82
43	1.68	83	37.60	43	1.88	83	48.60
44	1.84	84	38.92	44	2.06	84	51.30
45	2.00	85	40.12	45	2.24	85	53.92
46	2.18	86	41.20	46	2.44	86	56.46
47	2.36	87	42.18	47	2.64	87	58.92
48	2.56	88	43.02	48	2.88	88	61.32
49	2.78	89	43.84	49	3.10	89	63.80
50	3.02	90+	44.66	50	3.36	90+	66.46
51	3.24			51	3.66		
52	3.52			52	3.94		
53	3.82			53	4.26		
54	4.14			54	4.62		
55	4.48			55	4.98		
56	4.84			56	5.38		
57	5.26			57	5.80		
58	5.68			58	6.24		
59	6.14			59	6.70		

\*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

# Long Term Care Monthly Premiums\*

## OPTION 2 (SERVICE REIMBURSEMENT)\*\*

2006 LONG TERM CARE RATES*							
OPTION 2 (Service Reimbursement)**							
Return of Contribution Excluded				Return of Contributions Included			
	Per \$10	AGE	Per \$10		Per \$10	AGE	Per \$10
20	0.28	60	5.02	20	0.28	60	5.14
21	0.28	61	5.52	21	0.30	61	5.66
22	0.30	62	6.06	22	0.32	62	6.22
23	0.34	63	6.70	23	0.34	63	6.86
24	0.36	64	7.40	24	0.36	64	7.54
25	0.38	65	8.06	25	0.38	65	8.22
26	0.40	66	8.90	26	0.42	66	9.10
27	0.44	67	9.90	27	0.46	67	10.16
28	0.48	68	10.70	28	0.50	68	11.00
29	0.54	69	11.60	29	0.56	69	11.96
30	0.58	70	12.62	30	0.58	70	13.04
31	0.62	71	13.76	31	0.64	71	14.28
32	0.68	72	15.04	32	0.70	72	15.68
33	0.72	73	16.44	33	0.74	73	17.26
34	0.78	74	18.02	34	0.80	74	19.06
35	0.84	75	19.78	35	0.88	75	21.08
36	0.90	76	21.74	36	0.92	76	23.38
37	0.98	77	23.94	37	1.00	77	26.04
38	1.04	78	26.34	38	1.06	78	29.00
39	1.10	79	28.92	39	1.14	79	32.26
40	1.18	80	31.48	40	1.20	80	35.62
41	1.24	81	33.80	41	1.28	81	38.80
42	1.32	82	36.02	42	1.36	82	42.00
43	1.40	83	38.44	43	1.46	83	45.60
44	1.48	84	40.60	44	1.54	84	49.14
45	1.58	85	42.46	45	1.66	85	52.48
46	1.68	86	44.54	46	1.74	86	56.34
47	1.78	87	46.30	47	1.84	87	60.02
48	1.90	88	47.74	48	1.98	88	63.56
49	2.04	89	48.94	49	2.12	89	66.96
50	2.16	90+	49.70	50	2.26	90+	69.80
51	2.32			51	2.40		
52	2.46			52	2.58		
53	2.70			53	2.80		
54	2.94			54	3.04		
55	3.20			55	3.30		
56	3.48			56	3.62		
57	3.82			57	3.94		
58	4.16			58	4.32		
59	4.58			59	4.72		

\*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

\*\*Includes 50 percent home health care benefit payout.

# Long Term Care Monthly Premiums\*

## OPTION 3 (SERVICE REIMBURSEMENT)\*\*

2006 LONG TERM CARE RATES*							
OPTION 3 (Service Reimbursement)**							
Return of Contribution Excluded				Return of Contributions Included			
	Per \$10	AGE	Per \$10	AGE	Per \$10	AGE	Per \$10
20	0.42	60	6.90	20	0.42	60	7.06
21	0.44	61	7.56	21	0.44	61	7.76
22	0.46	62	8.32	22	0.46	62	8.48
23	0.48	63	9.18	23	0.50	63	9.34
24	0.52	64	10.14	24	0.52	64	10.30
25	0.56	65	11.00	25	0.58	65	11.18
26	0.60	66	12.14	26	0.62	66	12.36
27	0.66	67	13.48	27	0.68	67	13.76
28	0.72	68	14.58	28	0.72	68	14.90
29	0.78	69	15.78	29	0.80	69	16.20
30	0.84	70	17.14	30	0.86	70	17.62
31	0.90	71	18.66	31	0.92	71	19.26
32	0.98	72	20.34	32	1.00	72	21.08
33	1.06	73	22.20	33	1.10	73	23.16
34	1.14	74	24.30	34	1.18	74	25.50
35	1.24	75	26.56	35	1.28	75	28.14
36	1.32	76	29.18	36	1.36	76	31.18
37	1.40	77	32.06	37	1.44	77	34.62
38	1.48	78	35.20	38	1.54	78	38.48
39	1.60	79	38.56	39	1.66	79	42.70
40	1.70	80	41.88	40	1.76	80	47.04
41	1.82	81	44.92	41	1.88	81	51.18
42	1.92	82	47.84	42	1.98	82	55.34
43	2.04	83	50.94	43	2.10	83	59.98
44	2.14	84	53.70	44	2.22	84	64.42
45	2.28	85	55.90	45	2.34	85	68.50
46	2.40	86	58.56	46	2.48	86	73.40
47	2.54	87	60.78	47	2.62	87	78.10
48	2.70	88	62.62	48	2.80	88	82.62
49	2.90	89	64.22	49	2.98	89	87.00
50	3.08	90+	65.14	50	3.18	90+	90.64
51	3.26			51	3.38		
52	3.48			52	3.60		
53	3.80			53	3.92		
54	4.10			54	4.24		
55	4.46			55	4.62		
56	4.86			56	5.02		
57	5.30			57	5.46		
58	5.78			58	5.94		
59	6.32			59	6.48		

\*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

\*\*Includes 100 percent home health care benefit payout.

# Optional and Dependent Life Insurance

Refer to pages 89-91 for Optional and Dependent Life Insurance rates.

